

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/437352

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						61					
2							62	/				
3							63					
4							64					
5							65	/				
6							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16	/						76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27	/						87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38	/						98					
39	/						99					
40							100					
41												
42	/											
43												
44												
45	/											
46												
47												
48												
49	/											
50												
TOTAL							TOTAL	IND.	DEP.			
TOTAL							TOTAL	IND.	DEP.			
TOTAL							TOTAL	IND.	DEP.			

BEST AVAILABLE COPY

58